

THE RELATIONSHIPS BETWEEN NURSE CARE, ATTITUDE OF PATIENT AND  
NURSE WITH CANCER PATIENT SATISFACTION

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PERPUSTAKAAN TUNKU TUN AMINAH

*For my beloved mother and father.*

## ABSTRACT

This study investigates the relationships between nurse care, attitude of patient and nurse with cancer patient satisfaction using the quantitative methodology. In Libya, the challenge of medical facilities and treatment is a current issue. Thus, this study was conducted to investigate the patients' satisfaction at National Cancer Institute Misurata, Libya. The participants were 217 cancer patients of National Institute of Oncology located in Misurata, Libya. The study scale was adopted and adapted from that used by previous researchers to measure nurse care, nurse attitude, patient attitude, hospital service quality and patient satisfaction on a 5-point Likert scale. The nurse care, nurse attitude and patient attitude are independent variables and cancer patient satisfaction is the dependent variable in this study. On the other hand, hospital service quality and patient characteristic are control variables. SPSS software was used to analyses the data collected. The analyses of this study included descriptive statistic, correlation analysis and multiple regression analysis. The study found that on the overall basis, there is a significant statistical relationship between nurse care and cancer patient satisfaction, and there is a significant statistical relationship between attitude and cancer patient satisfaction. The sub-hypotheses show that there are no a relationship between interpersonal skills of nurse care and efficiency of nurse care with cancer patient satisfaction which suggest there might be interactions between these variables. Result also shows that for the sub-hypotheses, only patient attitude and cancer patient satisfaction indicated significant relationship, while there is no significant relationship between nurse attitude and patient satisfaction. This also indicates of possible interactions between the variables. On an overall basis, it can be concluded that to increase in the satisfaction level cancer patient, the management do it by focusing on improving the level of nurse care, nurse attitude and patient attitude.

## ABSTRAK

Kajian ini menyiasat hubungan antara penjagaan jururawat, sikap pesakit dan jururawat dengan kepuasan pesakit kanser menggunakan methodologi kuantitatif. Para penyertaan terdiri daripada 217 pesakit kanser dari National Institute of Oncology terletak di Misurata, Libya. Soalan soal selidik telah diguna pakai dan soalan-soalannya telah disesuaikan daripada soalan penyelidikan terdahulu untuk mengukur elemen penjagaan jururawat, sikap jururawat, sikap pesakit, kualiti perkhidmatan hospital dan kepuasan pesakit pada skala Likert 5 mata. Kajian ini telah dijalankan dengan menggunakan persampelan secara rawak mudah. Perisian SPSS telah digunakan untuk menganalisis data yang telah dikumpulkan. Analisis- analisis yang telah dilakukan untuk kajian ini adalah termasuk analisis statistik deskriptif, analisis korelasi dan analisis regresi berganda. Kajian ini mendapati bahawa secara keseluruhan, terdapat hubungan statistik secara signifikan diantara antara penjagaan jururawat dan kepuasan pesakit kanser, dan terdapat hubungan statistik yang signifikan antara sikap dan kanser kepuasan pesakit. Sub-hipotesis menunjukkan bahawa tiada hubungan antara kemahiran interpersonal penjagaan jururawat dan kecekapan penjagaan jururawat dengan kepuasan pesakit kanser dan mencadangkan mungkin terdapat interaksi antara pembolehubah-pembolehubah ini. Keputusan juga menunjukkan bahawa bagi sub-hipotesis, hanya sikap sabar dan kepuasan pesakit kanser menunjukkan hubungan yang signifikan, manakala tiada hubungan yang signifikan antara sikap jururawat dan kepuasan pesakit. Ini juga menunjukkan interaksi yang mungkin antara pembolehubah. Secara keseluruhannya, dapat disimpulkan bahawa pengurusan boleh meningkatkan kepuasan pesakit kanser dengan menfokus kepada meningkatkan tahap penjagaan jururawat, sikap jururawat dan sikap pesakit.

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## CHAPTER 1

### INTRODUCTION

#### 1.1 Introduction

The purpose of this study is to investigate the relationship between nurse care, patient attitude, nurse attitude with cancer patient satisfaction at the National Institute of Oncology in Misurata, Libya. There is a growing curiosity about exactly how patients experienced health treatment and care. It is crucial to be able to determine, gauge and examine the level of the health care as a way to preserve and improve patient satisfaction. This specific area has attracted global interest and consideration in recent years (Senarath et al., 2013).

The act of measuring satisfaction with health care has grown considerably in recent years. Patient satisfaction has been defined as the patients' subjective evaluation of their cognitive and emotional reactions as a result of the interaction between their expectations regarding the ideal nursing care and their perceptions of the actual nursing care (Schmidt, 2007). Patient satisfaction is also defined as the combination of experiences, expectations and perceived needs. Patient satisfaction is the most important indicator of high quality health care and used for the general assessment and planning of health care (Schmidt, 2007). There is a positive correlation between patient satisfaction and nursing care, whereas patient satisfaction increases as organizations are giving more attention to the individuality of nursing care given. Although the USA and UK studies which are related to the measurement of patient satisfaction with nursing care services have been conducted extensively over the years; however, in Libya and particularly in National Institute of Oncology

Hospital, the direct measurement of patient satisfaction with nursing care is a new phenomenon. Although a review of the literature in Libya identified several tests that measured patient satisfaction with hospitalization services, there are limited studies that measured both patients' perceptions and nurses' attitudes. Therefore, patient perceptions have been extremely affected by nursing attitudes and the relationship between nurses' attitudes and patients' perceptions of nursing care (Salam et al., 2010).

Patient satisfaction is very important. Administrators are using patient policy perspective with health care to preserve the patients' legal rights and using their stand point, consider in managing healthcare policies (Senarath et al., 2013). However, regardless of numerous attempts and achievements with patient satisfaction evaluation, previous research workers showed that more study in this area was still required to explore the level of patient satisfaction (Salam et al., 2010). They added that many studies have been done on patient satisfaction, but there is not enough studies on the relationship between nurse care and attitude with cancer patient satisfaction. Thus, this study aimed at investigate the relationship between nurse care, patient and nurse attitude with cancer patient satisfaction among National Institute of Oncology Misurata's patients in Libya.

## **1.2 Background of the Study**

Patient satisfaction and service quality are identified as vital factors in establishing service progress strategies. Donabedian (1980) advocated that high quality of performance leads to the high value of patient satisfaction within the healthcare field. Investigating patient satisfaction is crucial (Senarath et al., 2013; Agosta, 2005; Alexander, 2000). The discussions show that efficiency of health care can be measured by patient satisfaction with hospital services. To support this idea and finding, some studies showed that satisfied patient reported high quality of treatment and services. This judgment has broadened to developing countries that patient satisfaction and their perspective of the health quality has affected by treatment (Black, 2011).

With some significant exceptions, the literature review showed few studies of patient satisfaction with factors such as nurse care, nurse attitude and services in developing countries. Nursing care is one of the major health care services that contribute significantly to the patient healing process. Even though there might be competent physicians present in a given health institution, it would be inadequate without an appropriate nursing care. Nurses have 24-hour contact with patients as well as being near to them (Senarath et al., 2013).

Patient satisfaction is often determined by the nursing care in any health setup (Dzomeku et al., 2013). Patient satisfaction has been studied extensively using quantitative and qualitative methods. The results of all these studies revealed that nursing care is the major determinant of patient satisfaction. Nursing care is one of the major components of Health Care Services. Thus, patients have the right to expect quality nursing care. Nursing staff, which comprised the vast majority of hospital staff, have the greatest contact with patients.

Margolis et al., (2003) noted that nurses act as goodwill ambassadors and frontline representatives from hospitals. Nurses, rather than physicians, are seen as responsible for the day-to-day activities on a unit. Nurses provide the main connection with patients, act as patient advocate with other care providers, give physical care to patients, and offer emotional support to both patients and families. In their teaching capacity, they also play a key role in post-hospital adjustment. The importance of the nursing role is evidenced in a number of studies (Margolis et al., 2003).

Health systems throughout the world are searching for more effective ways of delivering care. Previous studies in the United Kingdom and United States showed that 56% of doctors and 45% generalist believed that the quality of care is very important in patient satisfaction (Alashek, 2011). Thus, investigating the quality of care and nurse care are crucial in getting good outcome and patient satisfaction. Among different disease, approximately 10 million new cases of cancer are detected worldwide every year and were expected to increase to 15 million every year in near future. Thus, investigating the cancer patient satisfaction and the factors which



relationship is based on satisfaction was vital for hospital managers and worldwide health care systems (Salam et al., 2010).

In National Institute of Oncology, Libya, there are five cancer hospitals. They are located at Benghazi, Sabrata, Sabha, Tripoli and Musrata. The National Institute of Oncology in Misurata is a professional medical center for cancer therapy (see Figure 1.1).

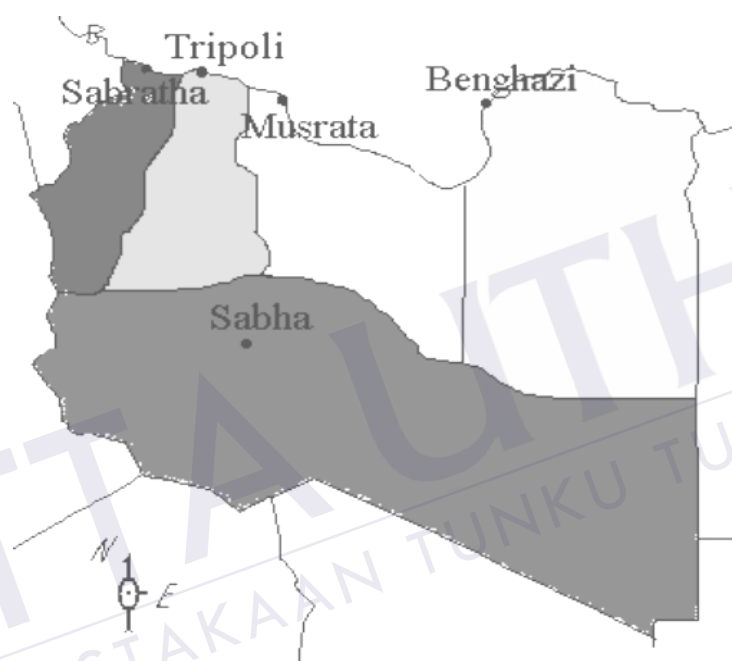


Figure 1.1: The location of Musrata in Libya

The total cancer patients with malignancy received by the National Cancer Institute, Misurata, is 3016 patients during the period of 2004 to 2014. The main visitors of the National Cancer Institute, Misurata are from the middle regions of Libya; which includes Misurata, Taurga, Zleten, Khoms, Sirt and Benwalid. Misurata is the center of the region and is considered the most populated city. This fact might reflect the high number of patients, which are from the city of Misurata (500.000 populations). The other regions of Libya are covered by other oncology centers in Subrata, Tripoli and Benghazi. Types of cancer suffered by patients in this study include urinary and bladder, thyroid, parotid, colon, lung, pancreas, stomach, liver, brain, GB, ovary, cervix and uterus, sarcoma, secondary, kidney and breast.

The objective of this hospital is to improve the treatment pace and decrease the occurrence of cancer. It started its function as oncology hospital in the year 2003 and was officially turned to a National Oncology Hospital in September, 2004. This Institute evolved its services by adding extra building such as: administration, operating room, X-ray and care room; enhancing its facilities and services. Today, its capacity of inpatient stands at 120 beds. The departments in this hospital include the department of general surgery, surgical oncology, urology, gynecology and beauty. It has a staffing of 126 nurses, 65 technicians and 94 doctors. The National Hospital also offers its services to the cities of the central region. They include the cities: Sirte, BaniWalid, Heisha, Zliten (National Institute of Oncology Misurata, 2014). In Libya, especially in Misurata hospital, there is lack of study regarding to cancer patient satisfaction (Salam et al., 2010).

Technological innovation in health care and the organization of the health care delivery techniques had improved significantly in recent years. This had resulted in growing competition among health care companies emphasizing client satisfaction. Service qualification can be a consequence defined as a perspective that customers acquire over time with regard to an organization. This perspective and attitude depended on the client's perspective of the organization's real performance of a specific service (Amin et al., 2013).

Patients are the clients of health care providers. Assessment of the quality and grade of health is a complicated and challenging procedure. Presently, there is a focus on utilizing the outcome indicators as procedures of quality of medical care. Nurse care has been used as an indicator to evaluate and judge health care for a long time. Patients have a high degree of judgment to any particular healthcare issues. Consequently, it has resulted in the rapid evolvement of the measuring of a patient's satisfaction towards quality care. This study explores what exactly would clients (patients) like from their healthcare providers; be it quality treatment, or better knowledge of their objectives and expectations. Patient satisfaction is helpful for evaluation of quality of treatment (Opiyo, 2012), especially since patient satisfaction is endorsed as an element of effective measurement in high quality reassurance programs (Senarth et al., 2013).

The evaluation of quality treatment is a big challenge in today's health treatment setting. Patients' assessments of their own health, problems and obstacles are crucial when examining health care and its effects. Additionally, with the main focus on patient-centered treatment and the patient-provider connection, ensuring that the individual have his or her anticipations satisfied is necessary. The nurse involved also needs to know the patients and recognize their expectations (Daniel, 2012).

### **1.3 Problem Statement**

Patient satisfaction is an essential indicator of health treatment that was applied by organizations, such as the Joint Commission on accreditation of Healthcare Organizations (JCAHO) and the National Committee on Quality Assurance (NCQA) (Kamunge, 2013). The healthcare delivery system had to pass the test when measuring the efficiency of nursing (Donna, 2013). Due to the increasing focus on patient-centered care, which includes taking the patients 'views into account, patient satisfaction had become more important, making it a key indicator of the quality of nursing performance (Miller, 2012).

In the last decade, there had been a shift in research away from productivity studies to exploring the relationship between the quality of nursing care and patient satisfaction (Grondahl, 2012). The resulting change in direction is a response to a call for more empirical studies to explore nursing care and patient outcomes.

In recent times, health care administrators applied different strategies from complaint boxes and satisfaction questionnaire, to collect information which could be used to boost patient satisfaction. Many studies have investigated the relationship between nurses, doctors and patient satisfaction in the health care system (Otani et al., 2011).

According to Booij (2013), the ongoing interest in evaluating patient satisfaction with health care throughout different countries and occasion periods indicated the need to explore the relationship between some factors such as nurse attitude and patient attitude with patient satisfaction. Otani (2011) proposed that it

was probable that a positive experience with key elements could lead to a great satisfaction.

The relationship between nurse care and patient satisfaction is a concern for researchers. A study by Danial (2012) found that there was a relationship between some factors such as nurse care, hospital services and patient satisfaction, but there was a lack of studies on the relationship between nurse care and patient satisfaction. Senarath et al., (2013) reported that there is a lack of research, particularly on evaluation of patient satisfaction with nursing care.

Nurse practitioners perform a significant role in patient treatment, and their connections with patients are identified as a most important determinant of patient satisfaction. The review of the literature indicated that nurses could change their attitude towards patients with proper education regarding the care (Topaz et al., 2013). Topaz et al., (2013) also reported that there is still a gap in literature regarding the relationship between nurse attitude and patient attitude with patient satisfaction. Further research (both quantitative and qualitative) is needed to focus towards the relationship between patient attitude and nurse attitude with patient satisfaction (Topaz et al., 2013).

Many studies are increasingly being designed to improve the level of health care, patients' perception and satisfaction with the nursing care. Salam et al., (2010) have commented that developing countries such as Libya, the challenge of medical facilities and treatment is a current issue. In Libya the researchers did not focus the relationship between nurse care, patient attitude and nurse attitude with patient satisfaction, they focus the kind of treatment. Thus, this study was conducted to investigate the patients' satisfaction at National Cancer Institute Misurata, Libya.

#### **1.4 Research Questions**

This study aims to address the following research questions:

1. Is there a relationship between nurse care and cancer patient satisfaction?

- a. Is there a relationship between interpersonal skills of nurse care and cancer patient satisfaction as perceived by cancer patient at the National Cancer Institute, Misurata?
- b. Is there a relationship between efficiency of nurse care and cancer patient satisfaction as perceived by cancer patient at the National Cancer Institute, Misurata?
2. Is there a relationship between attitude and cancer patient satisfaction as perceived by cancer patient at the National Cancer Institute, Misurata?
  - a. Is there a relationship between nurse attitude and cancer patient satisfaction as perceived by cancer patient at the National Cancer Institute, Misurata?
  - b. Is there a relationship between patient attitude and cancer patient satisfaction as perceived by cancer patient at the National Cancer Institute, Misurata?

To answer these research questions, the study will first determine the level of nurse care, cancer patient satisfaction, patient attitude and nurse attitude at National Cancer Institute, Misurata.

### **1.5 Research Objectives**

The aim of this study is to investigate the relationship between nurse care, patient attitude and nurse attitude with cancer patient satisfaction. The following are the objectives of this research:

1. To investigate the relationship between the nurse care and cancer patient satisfaction
  - a. To investigate the relationship between interpersonal skills of nurse care and cancer patient satisfaction.
  - b. To examine the relationship between the efficiency of nurse care and cancer patient satisfaction
2. To investigate the relationship between the attitude and cancer patient satisfaction.

- a. To investigate the relationship between nurse attitude and cancer patient satisfaction
- b. To examine the relationship between patient attitude and cancer patient satisfaction.

To investigate these relationships, this study will first determine the level of nurse care, cancer patient satisfaction, patient attitude and nurse attitude at National Cancer Institute, Misurata.

### **1.6 Significance of Study**

The findings of this study are very important to the hospital managers, staff nurses, patients and other employees of the hospital administration. Patient satisfaction is a significant indicator of the quality of care. To improve the nursing care, nurses need to know what factors influence patient satisfaction. It is through this that they can help hospital managers in improving nursing care to develop high patient satisfaction. These results would be practical for nurse practitioners, other associates of the inpatient health treatment employees and the hospital administration to enhance the total quality of patient treatment (Senarath, 2013). This study is also significant because it will further elucidate the factors that influence satisfaction with nursing care from the patient's perspective.

### **1.7 Scope of the Study**

This study covers the National Institute of Oncology Misurata, a medical center for the diagnosis of cancer in Libya. The total number of cancer patients at National Cancer Institute Misurata at the time of study was about 3016 patients. Patients with different types of cancers are under treatment in this hospital. Among them include urinary bladder, thyroid, parotid, colon, lung, pancreas, stomach, liver, brain, ovary cervix and uterus, sarcoma, secondary, kidney and breast.

## 1.8 Definition of Key Terms

The Patients' Characteristics - Socioeconomic features of a patient indicated statistically, such as age, gender, education and learning level, income level, marital status, profession, typical size of a family, age of marriage. A demographic is a selection of the demographic elements related with every participant of the patient (Morrison, 2011).

Hospital Service Quality - In the present study, hospital service quality as a control variable is defined as the services such as bed, bathroom, facilities that hospital provides for the patient (Al-Borie et al., 2014).

Nurse's Care - In this study, nursing care refers to procedures or medications which are solely or primarily aimed at providing comfort to a patient or alleviating that person's pain, symptoms or distress as well as nurse's attention and helping the patient (Senarath et al., 2013).

Nurse's Attitude - In accordance with some social researchers and psychologists, attitude is defined as feeling good or bad that individual may be experiencing (Coban and Yurdagul, 2014).

Patients' Attitude - Patient's attitude is defined as how positively or negatively the patient feels (Lansdown et al., 2008)

Cancer Patient's Satisfaction - In this study, patient satisfaction is defined as the patients' measurement of their intellectual and psychological response of the connections between their objectives regarding excellent nurse treatment, clinic services (Dzomrku et al., 2013).

## 1.9 Organization of Thesis

This research work consists of five chapters. Chapter one consists of the introduction which provides the overview of the whole chapter, research background, the reason

to do the research, problem statement, research questions, research objectives, significance and scope of the study.

Chapter two is the literature review. It is related to hospital service quality and patient characteristic (control variables) nursing care, patient attitude and nurse attitude (independent variable) and cancer patient satisfaction (dependent variable).

Chapter three of this study includes the research framework, hypothesis, research design, population and sample, variables and measures, questionnaire design, pilot study, data collection procedures, statistical technique, reliable analysis, descriptive statistic to describe the characteristics of respondents, normality test, inferential statistic and multiple regression analysis.

Chapter four of this study includes the data analysis and results to further understand the data collected. Finally, chapter five of this study is on discussion, conclusion and recommendation for further improvement.

#### 1.10 Summary

This chapter has provided the research background of the study, the problem statement, research questions and objectives, significance and scope of study and how this thesis is organized. Finally, the chapter also defined some key terms used in the thesis.



## CHAPTER 2

### LITERATURE REVIEW

#### 2.1 Introduction

This chapter provides the research review and framework related to nurse care, nurse attitude, patient attitude and patient satisfaction. There has been a growing attention in how patients encounter medical care. Many studies have been carried out on nurse care, nurse attitude and patient satisfaction.

#### 2.2 Nurse Care and Patient Satisfaction

Patients' satisfaction with nursing care is identified as a crucial indicator of achievement with medical center care and an essential purpose of any health care group (Morrison, 2011). Consequently, dissatisfaction with the nursing care might additionally cause to lower use of the nursing care by the clients (Yost, 1992). So, many researchers have identified that patients' satisfaction is not basically an evaluation of quality, but the objective of medical care delivered (Black, 2011).

Cancer patients stated that nurses have a fundamental function in providing emotional and mental supports to individuals with cancer and their family members in all situations, such as assisting the patient through medical diagnosis, and providing the best care offered to them. For this reason, nurses need to have the experience, knowledge, attitudes and capabilities in oncology and are prepared to provide informative, emotive and functional supports and assists, which are needed by cancer patients (Lang et al., 2008). These qualified, experienced and trained

professional nurses have an obvious aimed at providing high quality patient treatment via patient training, assistance and service (Cockle-Hearne et al., 2013). Patients have reported that nurses' behavior and attitude had high impact on their mind and feeling. In their viewpoint, the primary caring attitude such as being friendly, goodness, answering to the patients' questions, needed and providing treatment could easily enhanced patient satisfactions (Rejab, 2012).

Akhtari- Zavarel (2012) reported that 81.1% patient satisfaction is related to the nurse care. A study carried out by Senarath et al. (2013) on the patient satisfaction showed that the highest percentage of satisfaction was the result of nurse care while the lowest percentage of satisfaction was with the quality of hospital service.

On the other hand, the study conducted by Cockle- Hearne et al., (2013) showed that 81% of patients who did not get the nurse care reported that they were not satisfied. This showed that there is a relationship between nurse care and patient satisfaction. The majority of early studies on patient satisfaction has explored the impact of physician care (55%) rather than nursing care (6%) or both types of care provision (39%) (Sadjadian et al., 2004).

Nurses provide the main connection with patients, acting as patient advocate with other care providers, giving physical care to patients, and offering emotional support to both patients and families. In their teaching capacity, they also play a key role in post-hospital adjustment. The importance of the nursing role was evidenced in a number of studies (Margolis et al., 2003).

The findings of the previous studies regarding the assessment patients' satisfaction with nursing care indicated that there was a need to evaluate quality nursing care for better improvement. To make the health care workers, especially nurses aware of it by the regular in-service education program could be conducted to refresh, up-to-date knowledge and skill on different aspects of patient care. Health promotion is a role that nurses have to play; hence its accountability. Nursing practices could go a long way in improving the quality of nursing care to the patients admitted in various units of the hospital (Foss, 2002). Patient satisfaction is the most important indicator of high-quality health care and is used for the assessment and

planning of health care (Schmidt, 2007). There is a positive correlation between patient satisfaction and nursing care. Patient satisfaction increases the more personalized the nursing care provided in the organization.

A study conducted by Sadjadian et al., (2004) on 425 cancer patients in the Iranian Center for Breast Cancer showed that the majority of patients were satisfied with nurse care interpersonal skills. Eighty-seven percentage of the participants said nurses were polite, and eighty-nine percent said nurses were helpful and kind. The findings indicated that the physical environment and nursing care are important components of patient satisfaction and should be included in the instruments that tend to measure patient satisfaction.

Yeakel et al., (2003) studied on how to increase patient satisfaction with multidimensional nursing approaches. They gathered data by employing two scales consisting of patient satisfaction and nursing approaches. The findings of the study showed that multifaceted staff interventions improved patients' satisfaction with nursing care.

The study conducted by Rafii et al., (2008) on 250 patients who were hospitalized for medical conditions or surgical procedures in teaching hospitals of Iran University Medical of Science highlighted the caring behaviors of nurses and patient satisfaction with nursing care. They reported that the behavior and attitude of nurses left the patients with the impression of a caring nurse. In their opinion, the basic caring behaviors like friendly personality, kindness, fast response to the patients' needs, and adequate time to provide care can increase patient satisfactions. Heavy workloads and severe staff shortages are common among hospitals. Moreover, there are few nurses allotted to direct care. This contributed to changes in patients' perceptions of nursing care, hence leading to reduced patients' satisfaction.

The survey conducted by Akhtari-Zavarei (2012) on 420 inpatients to determine the extent of their satisfaction with the overall care provided at the hospital showed that, the extent of overall patient satisfaction with the quality of care provided at the hospital to be quite high (excellent, 74.7%; very good, 23.7%). Individually, nursing care received the maximum patient satisfaction ratings (excellent, 91.9%; very good, 3.9%). A positive correlation ( $r=0.31$ ,  $P=.01$ ) was

noted between patients' perception of nursing care and their overall satisfaction with the health care provided at the hospital (Akhtari-Zavare, 2012).

The result regarding respondents' satisfaction is on the four dimensions of nursing care (information given by the nurse, the interpersonal relationship between the nurses and patients, physical environment, technical quality of nurse). Generally, most of the respondents were satisfied with the amount of information given by the nurses 76.6% (294), interpersonal relationship 96.6% (371), technical quality 76.8% (295), and physical environment 69.5% (267). Overall, a vast majority of the respondents 82.8% (318) were satisfied with the nursing care received, while others 17.2% (66) were not satisfied (Akhtari-Zavare, 2012).

Donabedian (1980) suggested that patient satisfaction should be as indispensable to assessments of quality as to the design and management of healthcare systems. Unless quality improvement becomes a priority, the consequences are grim. In addition to preventing patients from quick recovery, thereby increasing their costs, poor quality also elevated the psychological barriers of using the system (Andaleeb, 2001).

Patient satisfaction has been identified as the patients' assessment of their intellectual and feeling or response as a consequence of the connections between their anticipations about perfect nurse performance and views of the real nursing efficiency (Abdelhafez, 2012). No clear definition is found in the literature review regarding the elements that comprise patient satisfaction (Senarath et al., 2013). Satisfaction has been used as a vital factor of care quality (Abdelhafez, 2012).

Satisfaction generally involves a series of attention in health care strategy and it is assessed by measuring the health care quality. It has also being considered as an element that is evaluated from a specialized perception. Patient satisfaction was a crucial factor simply because of the improving practice of using a client policy perspective about medical care and also protecting patients' legal rights and considering their perception (Senarath et al., 2013).

Lkhtari-AZavare (2012) believed that patient satisfaction is an important indicator of quality care and is frequently included in health care planning and

evaluation. A cross sectional study was conducted by her to examine the relationship between cancer patients' satisfaction with nursing care in order to assist nurses in defining their roles clearly in 10 government teaching hospitals in Tehran, Iran. The findings of her study showed that there is a relationship between nurse care and cancer patient satisfaction.

Patient satisfaction is the patient's perception of care received compared with the care expected (Aiello et al., 2003). During hospitalization, patient satisfaction represents a balance between the patient's perception and expectation of their nursing care (Han, 2003).

Patients' satisfaction with nursing care has been reported as the most important predictor of the overall satisfaction with hospital care and an important goal of any health care organization (Mrayyan, 2006). Therefore, dissatisfaction with the nursing care services might further lead to a lower utilization of the nursing care services by the patients (Yunus et al., 2004). For this reason, many researchers had acknowledged that patients' satisfaction was not simply a measure of quality, but the goal of health care delivery (Merkouris et al., 1999).

Cancer patients' opined that nurses have a central role in offering emotional and psychological supports to people with cancer and their families in all settings, such as supporting the patient through diagnosis, and ensuring optimum care given to them. Hence, nurses had to have the qualified professional knowledge, attitudes and skills in oncology and providing the informational, emotional and practical supports and helped required by cancer patients (Liu et al., 2006).

A study conducted by Nikbakht et al., (2003) it was reported that nursing in a cancer hospital involved professionals with specific scientific knowledge and practical skills. This knowledge and skills were strongly influenced by the context in which nursing was practiced and taught and included socioeconomic and political forces, cultural images, and historical influences in Iranian society.

The literature indicated that there were only few reports of patients' satisfaction from developing countries, as compared to the high volume of publications on patients' satisfaction from developed countries (Bernhart et al.,

1999). In developing countries, patients' satisfaction is an important issue. Despite the high expenditure incurred and adequate facilities provided, it had been observed that patients are often not satisfied. It was crucial to satisfy patients because they are the main clients (Bahrapour and Zolala, 2005).

About (96%) of the patients claimed that nurses understand their needs. Every participating nurses kept respondents' privacy and gained their full trust. Patients appreciated the nurses' work and considered them as professional (82%), work experienced (66%), highly qualified (66%) with great communication skills (82%). In general, nursing care provided by the Department of Clinical Oncology of Comprehensive Cancer Centre in Bialystok was assessed as excellent (64%) and fully satisfying (36%) (Bahrapour and Zolala, 2005).

Study performed by Halldorsdittir (2008) revealed that nurses having asserted the patients' feelings of security, treated them with respect and their work is then assessed as competent. The study depicted a need for further investigation to establish problems which oncology nurses had to cope with and give a possibility for them to obtain significant information to improve quality of cancer patients' life.

Nevertheless, it seemed to be necessary to create specific guidelines for oncology nurses about proper cancer patients' care and instructions on how to help a particular patient to deal with cancer disease and anticancer treatment in the best possible way. Careful recruitment and specific training of the nurses might guarantee, providing excellent care for cancer patients (Habiba et al., 2011).

Wood and Ward (2000) used a multidisciplinary sample of specialized and non-specialized staff and patients to explore the educational needs of non-specialized staff when caring for patients with cancer. The researchers used focus groups, and individual and paired interviews to gather information. Wood and Ward (2000) claimed that non-specialized staff experienced difficulties with communication and often felt daunted and unsure of how to deal with difficult questions from patients or relatives concerning diagnosis, treatment and prognosis. The patients also echoed these findings, stating that non-specialized staff were fearful of the disease and were unable to communicate with them, displaying a general lack of confidence overall. Dunniece and Slevin (2000) agreed, and further identified nurses' feelings of



inadequacy and fear of 'saying the wrong thing' when dealing with newly diagnosed patients with cancer. In essence, feelings of fear and inadequacy relating to communicating with patients with cancer emerged throughout many of the studies reviewed, and are related in part to a lack of knowledge regarding cancer as a disease and cancer treatments.

Measures of satisfaction found that out of 13 different aspects of treatment experience, respondents reported that they were the most satisfied with the quality of the care they received to treat their cancer (73% were very satisfied). Respondents were less satisfied with the quality of treatment they received for their symptoms (46% were very satisfied) than with the treatment for cancer itself. Respondents were least satisfied with the information they received about complementary therapies (only 11% were very satisfied, 23% were very dissatisfied) (Ashbury et al., 1998).

Cancer is a disease that affects patient's well-being considerably. Even if the diagnosed cancer is of good prognosis and, in some cases, exempt of aggressive therapy (e.g.: a small coetaneous melanoma, or an intraepithelial lesion of the uterine cervix), this diagnosis entailed psychological distress. It labeled a subject as being a "cancer patient", which has a dramatic effect on his or her psychological and social well-being. When a cancer has uncertain prognosis, it often requires therapies that encompass unpleasant and debilitating side effects. The threat of death and the impact of treatment on patient's life is still more distressing overall (Ashbury et al., 1998).

Different studies conducted in the last decades revealed that pathological levels of distress were highly prevalent in oncology: figures range from 2% to 46% for anxiety, 6% to 42% for depression and 32% to 52% for adjustment disorders (Bredart, 2001).

The recognition of the considerable impact of cancer and its treatment on all facets of a cancer patient's life have emphasized the need for improving their global care. Global care is referred to the consideration of the multidimensional aspects of health such as: the physical health, mental health, social and role functioning (Wood and Dodge, 1982). Human aspects of care were underscored in the face of the increasing weight taken by bio-technological aspects of medicine. This approach was

particularly relevant in the field of cancer. In a recent study, compared to other chronic illnesses, cancer and its associated conditions was found to significantly damage patients' quality of life (Sprangers et al., 2002).

However, cancer patients' global care has evidenced shortcomings. Unmet care needs had been highlighted in a significant number of them not only with regard to their need for medical information, but also for psychological attention (Anderson, 1990).

Various reports showed dissatisfaction with care in oncology (Amin and Nasharuddin, 2013). Cancer patients appeared less satisfied with aspects of their interaction with providers. Lower levels of satisfaction had also been noted concerning features of care organization, in terms of continuity or waiting time for receiving medical test results, or for obtaining medical appointments (Amin and Nasharuddin, 2013). The development of a patient satisfaction questionnaire for cancer patients originates from the need to assess care improvement initiatives that were primarily intended to attenuate the burden of cancer and its treatment on patient's well-being. For this purpose, a subjective measure of patient satisfaction was found to be particularly appropriate (Alexander, 2000).

### **2.3 Nurse Attitude and Patient Satisfaction**

For many decades now, nurses had been revered as the caregiver of the sick. Current nursing jobs are believed to have started following the function of Florence Nightingale, which is called "The Lady with the Lamp" (according to British history).

Nowadays, there is a broad variety of nursing qualifications and expertise formulated to improve patient's assistance. Many studies have confirmed that nurses' attitudes have a crucial influence on people's health and also a sympathetic behavior can develop a healthy process for patients (Lansdown et al., 2008).

The aim of previous research which was carried out in a cancer medical center in Sydney was to identify the patients and nurses perception and discover the different indexes which have impacts on satisfaction (Purdy, 2010). It was already



reported that the general attitude and behavior of the health care systems impact on a patient's typical attitude, motivation and satisfaction. Despite the fact that the cancer patients and nurses surveyed had various concepts of good attitude, all agreed that attitude and behavior influence on health, but it is not an essential need to be beneficial about almost everything all the time (Purdy, 2010). In accordance with the patients' perception, factors that identified attitudes are: assist of others, connection with medical professional or nurse, and setting (Lange et al., 2008). Thus, the nurse attitude towards patients, especially cancer patients, has a very important role in patient satisfaction (Eskander et al., 2013). Park et al., (2012) carried out a study in Korea and the study findings showed that the nurse attitude had an influence on patient satisfaction, and that nurse attitude towards cancer patient should be improved. Grondahl (2012) carried out a study and revealed that the quality of nursing care has a certain influence on predicting patient satisfaction. On the other hand, Iversen (2012) carried out a survey on nurse attitude and mental illness satisfaction in South Florida and reported that the nurse attitude did not affect patient satisfaction.

Participants of the previous study were nurses with more than 5 years' experience of treating advanced cancer patients. The result showed that 90.8% respondents (207) agreed that a smooth communication system for treatment, taking into account the symptoms experienced by patients and rehabilitation issues, was needed. More than 80% agreed that the items needed for an integrated management service for advanced cancer patients should include psychological support, an integrated pain and symptom management, and education for the patient and his or her caregivers. A positive, statistically significant relationship was found between the nurses' attitudes towards the nursing profession and patient perceptions of nursing care ( $r=0.65$ ,  $P<0.001$ ). Namely, the negative attitude towards nursing profession also increases as negative patients' perception increase. This result is not surprising for the study (Happell et al., 2002).

Kaya et al., (2013) reported that communication and empathic skills of the nurses are average, and according to the opinions of patients, nursing care affects patients' perception of nursing care. It can be said that communication and empathic skills are important factors that affect the attitudes towards nursing profession.

Nurses spend the most time with patients. Patients observe as nurses interact with others on the care team and draw conclusions about the hospital based on their observations. Also, nurses' attitudes toward their work, their coworkers and the organization affect patients and family judgments of all the things they do not see behind the scenes. Without a positive attitude towards the nursing profession, there cannot be patient and family satisfaction (Yilmaz et al., 2013).

#### **2.4 Patient Attitude and Patient Satisfaction**

The attitudes of cancer patients to their treatment settings and nurse are a key element in patient satisfaction. The patient's attitude is defined by how positively or negatively the patient feels (Happell et al., 2002). Over many years, patient satisfaction has been considered as a dominant role in the healthcare service study literature (Cowin, 2002). Wilkinson and Kitzinger (2000) argued that positive attitude is not an actual representation of a state of mind but, rather, a reaction to the pressures of the world we live in.

In some studies and publications on cancer, there had been an attempt to determine the relationship between attitude and cancer survival (Halstead and Fernsler, 1994). While some studies have tried to show a correlation between attitudes, including concepts such as 'being positive', fighting spirit, hopefulness and acceptance, and the course of cancer, their results were not consistent (Sheard, 2006). The reason for these inconsistencies might be the varied interpretative meanings of the various concepts of research subjects, and whether they are inclusive of each other. For example, O'Baugh (2003) showed that there was a statistically significant correlation between fighting spirit and cancer survival. However, Sheard (2006) using the same questionnaire in another study, found no significant correlation, but noted that serious depression and helplessness/hopelessness had a modest impact on disease outcome. Sheard (2006) argued that Watson et al.'s results support their previous study, as these concepts were the polar opposites of fighting spirit. Other researchers, such as Rosenbaum (2004) argued that there is no conclusive evidence that positive attitude have an impact on cancer survival.

Using a qualitative analysis of life stories of breast cancer patients, Benkert et al., (2009) found that when people feel vulnerable as they face a major threat, they looked for attachment figures who helped them feel safe. On the other hand, the patients did not think that other issues, such as the manner in which they were informed about their illness or their freedom of choice, were important. The study concluded that breast cancer patients looked to their doctors and nurses to be the attachment figures who took care of them, unlike the current emphasis on medical care, which saw the patient as an active partner in the treatment. Until now, most of the studies concerning doctor–patient relations used methods of quantitative research, mainly through questionnaires.

Previous study by Kuzari et al., (2013) examined the viewpoint of the women and their positions regarding their relationship with their doctor and nurses as it concerned their disease. The finding of this study showed that there was a correlation between patient attitude and overall satisfaction.

## **2.5 Hospital Service Quality and Patient Satisfaction**

Hospitals are an organization of medical care offering therapy with expert personnel and services, but do not continually supply long-term client to stay in them. Nowadays, medical centers are locations where professional medical care are provided by medical professionals and nurse practitioners. Hospitals are generally funded by medical corporations, medical insurances, and charities. Modern and new hospitals are mostly staffed by specialized medical doctors, physicians and nurses, while in past decades, it was typically executed by the founding religious volunteers. There are various types of medical centers. The popular one is the general medical center that was established to give treatment with several types of illnesses and accidental injuries, and generally has an emergency section to treat with quick care to health and the potential to deliver urgent healthcare services. A general medical center is commonly the main health care service in its area, to get a quantity of care and treatment. There are different hospital services at different districts. Some patients simply come for medical diagnosis and simple therapy (Al-Bori et al., 2014).

On the other hand, inpatients stay in hospitals till their treatments are terminated. Particularly, in cancer hospitals, patients are needed to stay for long time to continue their treatment. For this reason, measuring the levels of patient satisfaction is a key role to improve treatment and hospital services and they are vital factors which effect on satisfaction (Grondahl, 2012).

Patients perceive facilities and services via the quality of services. Their perception is based on how satisfied they are with the services provided. For many years, patient satisfaction with the quality of hospital services was the focus of previous research and hospital administrative. Organizations recently identified that they can compete more successfully by differentiating themselves with respect to quality services and thus enhancing client satisfaction (Amin and Nasharuddin, 2013).

Service quality is a vital factor of client conception. The service quality is the major factor in client's evaluations. In situations where services towards a client and patient are provided with actual physical product, service equality might also be important in identifying patient satisfaction (Akhtari-Zavare et al., 2011). Iversen (2012) carried out a study and reported that there were six factors that impacted upon patient satisfaction. The findings of his study revealed that hospital services have more effect on patient satisfaction.

Faris (2014) carried out a study to examine the impact of service quality perception on patient satisfaction and determine which dimension from 5 dimensions (tangible, reliability, responsive, assurance, and empathy) has the greatest impact on patient satisfaction. This study was conducted in the Al-Baha province, Saudi Arabia. The study utilized the cross-sectional method, using a modified Assessment of Service Quality questionnaire to collect the data. The findings of this study showed a statistically significant impact of health service quality on patient satisfaction ( $p=0.000$ ). The empathy dimension had the greatest influence on patient satisfaction ( $\beta=0.476$ ), followed by tangible ( $\beta=0.198$ ) and responsiveness dimensions ( $\beta=0.164$ ). Patient satisfaction was influenced by health service quality, with the empathy dimension as the greatest influence on patient satisfaction.

Therefore, it should be considered a priority by government hospitals to train doctors in interpersonal relationship skills to enhance the doctor-patient relationship.

Patient satisfaction is a critical issue for healthcare service providers. Healthcare organizations are working in a competitive environment. In these days, hospitals need to enhance the level of satisfaction if they want to remain in the competition with other hospitals. Patient satisfaction is basically satisfying patients' expectations and understanding their needs. Patients' feedback can affect the overall quality, to improve organizational learning and the development agenda, and provide an opportunity. The aim of this study was to determine the patient satisfaction at selected private hospitals of Karachi for the inpatient departments. This study concluded that the majority of the patients were satisfied with the services provided by the inpatient departments of the selected private hospitals of Karachi. Specifically, the patients and their attendants' are very much satisfied with patient ward services, laboratories services, food services, reception staff services, welfare services, and healthcare services provided by the hospitals to the inpatient departments, therefore, this shows significant impact on overall patients' satisfaction. The strengths of the healthcare organizations as highlighted by patients must be continued. However, some services need more care and focus when overall planning and strategies are being made for planning and managing the healthcare system (Raheem et al., 2014).

Gopal (2014) reported that the perceptions and expectations of outpatients regarding the quality of medical care, general satisfaction and infrastructure are extremely important. A hospital, be it large or small, can demonstrate successful performance only when it satisfies the factors of quality and service a patient expects. This study investigated the factors of quality affecting the value of care and patient satisfaction.

Patient satisfaction often drifts in both new and old patients, which hinders the sustainability of any hospital in the long run. Hospitals that increase the value of care and patient satisfaction ensure that patients will revisit. This increases revenue by taking appropriate steps. The importance of being customer centric has been recently realized by the Health Care sector worldwide. In healthcare services, it is imperative to analyze the quality of services from the perspective of the patients

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